PAGE 1 / 65

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use	Only	
1. NAME COMM	E OF MITTEE (in full)	TYPE OR PRINT ▼		ample: If typion or the lines.	ng, type	12FE4	M5		
Meidas	sTouch								ı
ADDRESS	(number and street)	644 S. Figueroa St.							
▼	Check if different								
	nan previously eported. (ACC)	Los Angeles				CA	90017		
2. FEC	IDENTIFICATION N	IUMBER ▼	CITY ▲			STATE A	-	ZIP COE	DE 🛦
С	C00746073		3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
	E OF REPORT se One)	(b) Monthly Report	Feb 20 (M2)) [May 20 (M5)	Au	ıg 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) C	Quarterly Reports:	Due On:	Mar 20 (M3)	x .	Jun 20 (M6)	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M4)		Jul 20 (M7)	0	ct 20 (M10)		Jan 31 (YE)
ш	Quarterly Report ((Q1) (c) 12-Day	П	Primary (12F	P)	Genera	al (12G)	П	Runoff (12R)
	July 15 Quarterly Report ((Q2) PRE-Elect Report for		Convention ((12C)	Specia	l (12S)		
	October 15 Quarterly Report ((Q3)					, ,		
	January 31 Year-End Report ((YE)	Election on	M M /	D D /	Y Y Y Y	Y	in the State of	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Ele		General (300	G)	Runoff	(30R)		Special (30S)
	Termination Report (TER)	Report fo	Election on	M = M /	D D /	Y . Y . Y .	Y	in the State of	
5. Cover		01 01 Y	2020	through	M M M	/ 31_	202		
_	at I have examined trint Name of Treasur	this Report and to the Meiselas, Brett, Me		wledge and I	belief it is tru	e, correct a	and complete	€.	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hamo or mousur	<u> </u>							
Signature	of Treasurer Mei	iselas, Brett, Meiselas, ,		[Electronicall	y Filed]	oate 07	M / D 15	D /	2020
NOTE: Sub	omission of false, erro	neous, or incomplete in	formation may s	ubject the per	son signing th	nis Report to	the penaltie	s of 52	U.S.C. § 30109
(Office						FEC	FORI	M 3X
	Use Only							ev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MeidasTouch 01 2020 05 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2020 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 26057.50 26057.50 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26057.50 26057.50 6(a) and 6(c) for Column B)..... 932.79 932.79 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 25124.71 25124.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 741.44 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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ciuas i ouc 01 01 2020 05 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2300.00 2300.00 (i) Itemized (use Schedule A)..... 23757.50 23757.50 (ii) Unitemized (iii) TOTAL (add 26057.50 26057.50 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 26057.50 26057.50 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 26057.50 26057.50 20. Total Federal Receipts 26057.50 26057.50 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period			
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	932.79	932.79		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	932.79	932.79		
2. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
. Independent Expenditures	4 4 4			
(use Schedule E)	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	932.79	932.79		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	932.79	932.79		

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26057.50	26057.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26057.50	26057.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	932.79	932.79
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	932.79	932.79

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA
Transaction ID:

We are amending this report because on July 13, 2020, we officially changed our filing status from monthly to quarterly. As such, we need to file our first Quarterly Report today and the FEC efiling system is not allowing me to file a new Quarterly Report with overlapping dates.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	Detailed Summary Page	13 14 15 16 17						
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) MeidasTouch								
Full Name of Individual (Last, First, Middle Initial) or 1. Albarano, James, , ,	Full Organization Name	Date of Receipt						
Mailing Address 919 N Evergreen St	T	05 22 2020						
City St Burbank C	ate Zip Code A 91505-2714	Transaction ID : 1608377						
	31303 2714	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		50.00						
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	Memo Item						
Receipt For: Ago	regate Year-to-Date ▼							
Primary General Other (specify) ▼	50.00	* Earmarked Contribution: See Below						
Full Name of Individual (Last, First, Middle Initial) or 3. ActBlue	Full Organization Name	Date of Receipt						
Mailing Address PO Box 441146		05 24 2020						
City	ate Zip Code	Transaction ID : 1608377E						
West Somerville	IA 02144-0031	Amount of Each Receipt this Period 50.00						
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field	Memo Item						
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 23528.67	Note: Above Contribution earmarked through this organization.						
Full Name of Individual (Last, First, Middle Initial) or Albarano, James, , ,	Full Organization Name	Date of Receipt						
Mailing Address 919 N Evergreen St		05 31 2020						
,	ate Zip Code	Transaction ID: 1608801						
Burbank	A 91505-2714	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		1000.00						
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	Memo Item						
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼ 1050.00	* Earmarked Contribution: See Below						
SUBTOTAL of Receipts This Page (optional)		1050.00						
TOTAL This Period (last page this line number only)	<u>'</u>							

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	8	OF	65
(0	che	ck only							
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 31 City Zip Code State Transaction ID: 1608801E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave 05 2020 Unit 8 City State Zip Code Transaction ID: 1608362 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 24 2020 City State Zip Code Transaction ID: 1608362E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave Unit 8 2020 City State Zip Code Transaction ID: 1608402 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 05 2020 City State Zip Code Transaction ID: 1608402E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) ▼ organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Armen, David, , , Date of Receipt Mailing Address 4341 Redwood Ave 28 2020 Unit 8 City State Zip Code Transaction ID: 1608734 CA Marina Del Rey 90292-7646 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 31 City Zip Code State Transaction ID: 1608734E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 05 2020 City State Zip Code Transaction ID: 1608083 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 17 2020 City State Zip Code Transaction ID: 1608083E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ____

SCHEDULE A (FEC Form 3X) ITEMIZED

FOR LINE NUMBER: PAGE 11 OF 65

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O RECEIPTS	Use separate schedule(s)	(check only one)										
D RECEIP 13	for each category of the Detailed Summary Page		X 11a 11b				11c		12			
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\setminus	NAME OF COMMITTEE (In Full) MeidasTouch			
Α.	Full Name of Individual (Last, First, Middle Initia Knapp, David, , ,	ll) or Full Orga	anization Name	Date of Receipt
	Mailing Address 749 Bayonne St	05 17 2020		
	City El Segundo	State CA	Zip Code 90245-2104	Transaction ID : 1608137 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Not Employed		ation (for Individual) nployed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 150.00	* Earmarked Contribution: See Below
В.	Full Name of Individual (Last, First, Middle Initia ActBlue	ıl) or Full Orga	anization Name	Date of Receipt
	Mailing Address PO Box 441146	Ta	I=	05 17 2020
	City West Somerville	State MA	Zip Code 02144-0031	Transaction ID : 1608137E
	FEC ID number of contributing federal political committee.	С	02144 0001	Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual)		ation (for Individual) iit total listed in Agg. field	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 23528.67	Note: Above Contribution earmarked through this organization.
_	Full Name of Individual (Last, First, Middle Initia Knapp, David, , ,	l) or Full Orga	anization Name	Date of Receipt
C.	Mailing Address 749 Bayonne St			05 20 2020
	City El Segundo	State CA	Zip Code 90245-2104	Transaction ID : 1608159
	FEC ID number of contributing federal political committee.	С	30243 2104	Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) Not Employed	Memo Item		
	Receipt For: Primary General Other (specify)	Not Em		* Earmarked Contribution: See Below
S	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number or	nlv)		

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 2020 24 City Zip Code State Transaction ID: 1608159E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Knapp, David, , , Date of Receipt Mailing Address 749 Bayonne St 05 2020 City State Zip Code Transaction ID: 1608738 CA El Segundo 90245-2104 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 31 2020 City State Zip Code Transaction ID: 1608738E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23528.67 Other (specify) organization. 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ____

65 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeidasTouch Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Rebecca J, , , Date of Receipt Mailing Address 10562 Carr Rd 2020 City Zip Code State Transaction ID: 1608652 MO **Bismarck** 63624-9234 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 05 2020 City State Zip Code Transaction ID: 1608652E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 23528.67 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Porush, Jonathan, , , Date of Receipt Mailing Address 200 E Palmetto Park Rd 30 2020 City State Zip Code Transaction ID: 1608766 FL Boca Raton 33432-5623 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed Manager Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 200.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MeidasTouch			
Full Name of Individual (Last, First, Middle In ActBlue Mailing Address PO Box 441146	iitial) or Full C	Organization Name	Date of Receipt
City West Somerville	State MA	Zip Code 02144-0031	05 31 2020 Transaction ID : 1608766E
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual)		upation (for Individual) nduit total listed in Agg. field	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 23528.67	Note: Above Contribution earmarked through this organization.
Full Name of Individual (Last, First, Middle In Porush, Jonathan, , , Mailing Address 200 E Palmetto Park Rd	nitial) or Full C	Organization Name	Date of Receipt
City Boca Raton	State FL	Zip Code 33432-5623	Transaction ID : 1608767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Self employed Receipt For:	Mai	cupation (for Individual) nager	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	* Earmarked Contribution: See Below
Full Name of Individual (Last, First, Middle In ActBlue	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address PO Box 441146 City	State	Zip Code	05 31 2020 Transaction ID : 1608767E
West Somerville	MA	02144-0031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	I	upation (for Individual) duit total listed in Agg. field	✗ Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 23528.67	Note: Above Contribution earmarked through this organization.
SUBTOTAL of Receipts This Page (optional)			100.00
TOTAL This Period (last page this line number	only)		2300.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. ANAME OF COMMITTEE (In Full) MelidasT Ouch Full Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address 366 Summer St City Somerville Purpose of Disbursement Service Fee Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address 366 Summer St City Somerville Purpose of Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address 366 Summer St City Somerville Purpose of Disbursement For: Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement Services Mailing Address 366 Summer St City Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement Services Mailing Address 366 Summer St City Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement Service Fee Candidate Name City Somerville Purpose of Disbursement This Period Type Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Amount of Each Disbursement this Period Transaction ID: 500000001 Transaction	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15					
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TOTAL This Period (last page this line number only)		`					932 79		

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Transaction ID: 1250000001 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.94 13.94 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles 90014-3037 CA Outstanding Balance Beginning This Period Transaction ID: 1250000002 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 33.89 33.89 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Email Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City State Zip Code Los Angeles CA 90014-3037 Outstanding Balance Beginning This Period Transaction ID: 1250000003 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 49.76 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE 17 OF 65 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) eidasTouch			·	
	A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debi	t (Purpose):
	Meiselas, Benjamin, , ,	Website & Em			
-	Mailing Address 801 S Olive St Apt 2901				
ı	City	State	Zip Code		
	Los Angeles	CA	90014-3037		
	Outstanding Balance Beginning This Period			Transaction	ID: 1250000004
	0.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding	Balance at Close of This Period
	49.76		0.0	0	49.76
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Deb	t (Purpose):
	Meiselas, Benjamin, , ,			Website & Em	ail
	Mailing Address 801 S Olive St				
-	Apt 2901 City	State	Zip Code		
- 1	Los Angeles	CA	90014-3037		
I	Outstanding Balance Beginning This Period	1		Transaction	n ID : 1250000005
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	0.00				
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	C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Benjamin, , ,	or Creditor		Nature of Deb Website & En	
Ī	Mailing Address 801 S Olive St				
ŀ	Apt 2901 City	State	Zip Code		
	Los Angeles	CA	90014-3037		
	Outstanding Balance Beginning This Period			Transaction	n ID : 1250000006
	0.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding	Balance at Close of This Period
	12.92	-	0.0	0	12.92
1)	SUBTOTALS This Period This Page (optional)				76.62
					7 7
2)	TOTALS This Period (last page this line number or	nly)		•	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	
4)	ADD 2) and 3) and carry forward to appropriate lin	ly) ▶	<u> </u>		

Excluding Loans

(Use separate schedule(s) for each

PAGE 18 OF 65 FOR LINE NUMBER: (check only one)

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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City Los Angeles Outstanding Balance Beginning This Period Amount Incurred This Period Transaction ID : 1250000009 Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Benjamin, , , Mailing Address 801 S Olive St Apt 2901 City Los Angeles Outstanding Balance Beginning This Period Cappenda Transaction ID : 1250000009 Transaction ID : 1250000009 Nature of Debt (Purpose): Website & Email Nature of Debt (Purpose): Website & Email Transaction ID : 1250000010 Outstanding Balance Beginning This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This 12.64 Outstanding Balance at Close of This	-xcidding Loans			numbered line)	
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Los Angeles CA 90014-3037 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 12.64 0.00 12.6	Apt 2901	State	Zin Code		
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This 12.64 0.00 12.6					
12.64 0.00 12.6				Transact	tion ID : 1250000010
	Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	12.64		0.0	00	12.64
, , , , , , , , , , , , , , , , , , , ,	1) SUBTOTALS This Period This Page (optional)			>	38.23
2) TOTALS This Period (last page this line number only)	2) TOTALS This Period (last page this line number or	nly)		}	7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	ly)	>	7
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	y Page (last page or	nly) ▶	777

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period	1	1	Transaction ID : 1250000015
0.00			
Amount Incurred This Period 1.00	Payn	nent This Period 0.00	Outstanding Balance at Close of This Period 1.00
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose): Online Video
Meiselas, Brett, , ,			Offiline video
Mailing Address 11140 Sylvan St	,		
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000016
0.00	Povm	cont This Povind	Outstanding Palance at Close of This Paried
Amount Incurred This Period 1.00	rayıı	nent This Period 0.00	Outstanding Balance at Close of This Period 1.00
C. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID: 1250000024
0.00 Amount Incurred This Period	Pavn	nent This Period	Outstanding Balance at Close of This Period
4.00		0.00	4.00
1) SUBTOTALS This Period This Page (optional)		>	6.00
2) TOTALS This Period (last page this line number or	nly)	>	7 7
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 20 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000017
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
4.00		0.00	4.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000018
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
17.00	-	0.00	17.00
C. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000019
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
19.00		0.00	19.00
1) SUBTOTALS This Period This Page (optional)			40.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly) Þ	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000020
0.00			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
2.00	7	0.00	2.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00		1	Transaction ID : 1250000021
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
4.00		0.00	4.00
C. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000022
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
2.00		0.00	2.00
1) SUBTOTALS This Period This Page (optional)		>	8.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page on	ly)	7 7
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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 22 OF
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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000023 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000025 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 20.00 20.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000026 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 26.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 23
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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000027 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000028 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 25.00 25.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000029 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 10.00 39.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 24
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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000030 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1.00 1.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000031 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000032 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 5.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 25
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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000034 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 19.00 19.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000035 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000036 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 6.00 27.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000037 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 35.00 35.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000042 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000038 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 24.00 63.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000039 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3.00 3.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000040 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3.00 3.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000041 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 1.00 7.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000043
0.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
4.00	-	0.00	4.00
B. Full Name (Last, First, Middle Initial) of Debtor Meiselas, Brett, , ,	or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000044
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
22.00	7	0.00	22.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000045
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
4.00	7	0.00	4.00
1) SUBTOTALS This Period This Page (optional))	30.00
2) TOTALS This Period (last page this line number only)			7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MeidasTouch		·	·
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St			Nature of Debt (Purpose): Online Video
City	State	Zip Code	
North Hollywood	CA	91606-3714	
Outstanding Balance Beginning This Period			Transaction ID : 1250000046
0.00			
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
45.00	7	0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debtor of Meiselas, Brett, , ,	r Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			-
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID: 1250000047
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
7.00 0.00			7.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period			Transaction ID: 1250000048
0.00			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
4.00	7	0.00	4.00
1) SUBTOTALS This Period This Page (optional)		>	56.00
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page only) ▶	7 7

Excluding Loans

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000049 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.00 16.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000050 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000051 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 23.00 43.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000052 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2.00 2.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000053 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000054 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 25.00 25.00 31.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 32 OF 65 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) MeidasTouch					
A. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St	Mailing Address 11140 Sylvan St				
City	State Zip Code				
North Hollywood Outstanding Balance Beginning This Period	CA	91606-3714	Transaction ID : 1250000055		
0.00					
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Per		
2.00		0.00	2.00		
B. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 4.00	Pa	yment This Period 0.00	Transaction ID: 1250000056 Outstanding Balance at Close of This Per 4.00		
C. Full Name (Last, First, Middle Initial) of Debt Meiselas, Brett, , ,	Nature of Debt (Purpose): Online Video				
Mailing Address 11140 Sylvan St					
City North Hollywood	State CA	Zip Code 91606-3714			
Outstanding Balance Beginning This Period 0.00	Transaction ID : 1250000057				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Per		
25.00		0.00	25.00		
1) SUBTOTALS This Period This Page (optional)			31.00		
2) TOTALS This Period (last page this line number	>				
3) TOTAL OUTSTANDING LOANS from Schedule	>				
4) ADD 2) and 3) and carry forward to appropriate) >				

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000058 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3.00 3.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000059 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000060 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2.00 7.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000061 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000062 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 16.00 16.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000063 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 27.00 47.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 35
FOR LINE NUMBER: (check only one)

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	X	10

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OF

NAME OF COMMITTEE (In Full) MeidasTouch A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St State Zip Code North Hollywood CA 91606-3714 Transaction ID: 1250000064 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.00 12.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood 91606-3714 CA Outstanding Balance Beginning This Period Transaction ID: 1250000065 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 15.00 15.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Video Meiselas, Brett, , , Mailing Address 11140 Sylvan St City State Zip Code North Hollywood CA 91606-3714 Outstanding Balance Beginning This Period Transaction ID: 1250000066 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 4.00 31.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 36 OF 65 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) eidasTouch		·	·	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , , Mailing Address 11140 Sylvan St				Nature of Debt (Purpose): Online Video	
-	City	State	Zip Code		
	North Hollywood	CA	91606-3714		
	Outstanding Balance Beginning This Period			Transaction ID : 1250000012	
	0.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period	
	8.00	0.00		8.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video	
	Mailing Address 11140 Sylvan St			_	
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 2.00 Payment This Period 0.00			Transaction ID: 1250000033 Outstanding Balance at Close of This Period 2.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meiselas, Brett, , ,			Nature of Debt (Purpose): Online Video		
Ī	Mailing Address 11140 Sylvan St		_		
	City North Hollywood	State CA	Zip Code 91606-3714		
	Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000067	
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period	
	4.00		0.00	4.00	
1)	SUBTOTALS This Period This Page (optional)		>	14.00	
2)	TOTALS This Period (last page this line number or				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 37 OF 65 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) MeidasTouch			
A. Full Name (Last, First, Middle Initial) of Debte Meiselas, Brett, , ,	or or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID: 1250000068
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
16.00	7	0.00	16.00
B. Full Name (Last, First, Middle Initial) of Debto Meiselas, Brett, , ,	r or Creditor		Nature of Debt (Purpose): Online Video
Mailing Address 11140 Sylvan St			
City North Hollywood	State CA	Zip Code 91606-3714	
Outstanding Balance Beginning This Period 0.00			Transaction ID : 1250000074
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
2.00		0.00	2.00
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)			18.00
2) TOTALS This Period (last page this line numbe			741.44
3) TOTAL OUTSTANDING LOANS from Schedule			▶ 0.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	741.44

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item I	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			,	Amount
City	State	Zip Code		1.00
North Hollywood	CA	91606-3714		Transaction ID : 500000003
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office \$	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose		President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburs	ement For: Primary General
5 H.M. (B	,			Other (specify)
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item I	Date of Public Distribution/Dissemination
* Mailing Address				04 22 2020
11140 Sylvan St			,	Amount
City	State	Zip Code		1.00
North Hollywood	CA	91606-3714		Transaction ID : 500000005 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburs	ement For: Primary General
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(-,				7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1 -	M = N	/ D D / Y Y Y Y Y
Signature		_ Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
				0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / Y 2020
Mailing Address 11140 Sylvan St				Amount
O'h	0.1-1-	7:- 0-4-		
City North Hollywood	State	Zip Code 91606-3714		4.00 Transaction ID : 500000066
·	CA	91000-3714		Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		Oppose	×	President Senate State: US
Calendar Year-To-Date		F20.00		rsement For: Primary X General
Per Election for Office Sought	7-1-7	529.00	2020	Other (specify) ▶
Full Name of Payee		🗶 Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / Y Y Y Y Y
Mailing Address 11140 Sylvan St				Amount
				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID: 500000006 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	П	M M / D D / Y Y Y Y
		Турс		
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbu 2020	rsement For: Primary 🗶 General
T of Elocion for Office Godgit	7 7			Other (specify) ▶
() () () () () () () () () ()				
(a) SUBTOTAL of Itemized Independent Expenditures	;			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	M =	M / D D / Y Y Y Y
Signature		Date	e 07	7 15 2020

PAGE 40 OF 65 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 04 22 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 17.00 91606-3714 Transaction ID: 500000007 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 22 04 Mailing Address 11140 Sylvan St Amount 19.00 City State Zip Code North Hollywood Transaction ID: 500000008 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		X Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			An	nount
City	State	Zip Code	— г	2.00
North Hollywood	CA	91606-3714		ansaction ID : 500000009
Purpose of Expenditure Online Video		Category/	Da	ate of Disbursement or Obligation
Offiline Video		Туре		
Name of Federal Candidate:		Support	Office So	ought: House District: 00
TRUMP, DONALD, J., ,		Oppose	X Pre	esident Senate State: US
Calendar Year-To-Date		529.00		ment For: Primary General
Per Election for Office Sought	7 7	323.00	2020	Other (specify) ▶
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item Da	ate of Public Distribution/Dissemination
*				04
Mailing Address 11140 Sylvan St			An	nount
		7: 0 !		
City North Hollywood	State	Zip Code	I L	4.00 ransaction ID : 500000010
Purpose of Expenditure	CA	91606-3714		ate of Disbursement or Obligation
Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose		esident Senate State: US
Calendar Year-To-Date		1 1 1 1 1 1	Disburser	ment For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	zaca omenny I'u	Date	e 07	15 2020

PAGE 42 OF 65 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 04 22 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 2.00 91606-3714 Transaction ID: 500000011 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 22 04 Mailing Address 11140 Sylvan St Amount 4.00 City State Zip Code Transaction ID: 500000012 North Hollywood CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date Signature

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 22 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 20.00 91606-3714 Transaction ID: 500000013 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 22 Mailing Address 11140 Sylvan St Amount 2.00 City State Zip Code Transaction ID: 500000014 North Hollywood CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date Signature

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PAGE 44 OF 65 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 22 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 4.00 91606-3714 **Transaction ID: 500000015** North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 22 Mailing Address 11140 Sylvan St Amount 25.00 City State Zip Code North Hollywood Transaction ID: 500000016 CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amo	unt
City	State	Zip Code	-	10.00
North Hollywood	CA	91606-3714		nsaction ID : 500000017
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Oppose	✗ Presi	
Calendar Year-To-Date Per Election for Office Sought	7 7	529.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo		e of Public Distribution/Dissemination
Meiselas, Brett, , ,		A Memo	item Bate	M
* Mailing Address				04 22 2020
11140 Sylvan St			Amo	unt
City	State	Zip Code	— F	1.00
North Hollywood	CA	91606-3714		nsaction ID : 500000018 of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/		M M / D D / Y Y Y Y Y
Offiline video		Type		
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Presi	dent Senate State: US
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	020.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			• [7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	тесновисину Е и	Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Ar	mount
City	State	Zip Code	— Г	2.00
North Hollywood	CA	91606-3714		ransaction ID: 500000019 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
TRUMP, DONALD, J., ,		X Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	529.00	Disburse 2020	ment For: Primary
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				
·			Ar	mount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		ransaction ID: 500000020 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Pre	esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburse	ment For: Primary Seneral
Tel Election for Office Godgitt	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y
Signature		Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Itom Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		Niemo	item De	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Ar	nount
City	State	Zip Code	<u> —</u> Г	19.00
North Hollywood	CA	91606-3714		ansaction ID : 500000022 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	x Pre	esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	529.00	Disburse 2020	ment For: Primary ✓ General Other (specify)
Full Name of Payee		X Memo	Item Da	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		iviemo	item 20	M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020
11140 Sylvan St			Ar	nount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		ransaction ID : 500000023 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pre	esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	529.00	Disburse 2020	ment For: Primary
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(a) SUBTOTAL of Itemized Independent Expenditures				0.00
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / 2020
Mailing Address 11140 Sylvan St				Amount
		T 0 1		
City	State	Zip Code		6.00 Transaction ID : 500000024
North Hollywood	CA	91606-3714		Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		X Oppose	x	President Senate State: US
Calendar Year-To-Date		500.00	1	rsement For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y 2020
Mailing Address 11140 Sylvan St				
·				Amount
City	State	Zip Code		35.00
North Hollywood	CA	91606-3714		Transaction ID: 500000025 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/	\neg	M M / D D / Y Y Y Y
Crimic video		Type		
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date		529.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	1201	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	0.00
(b) SUPTOTAL of Uniterprized Independent Expanditu	roo			
(b) SUBTOTAL of Unitemized Independent Expenditu	165			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	М =	M / D D / Y Y Y Y
Signature		Date	e 07	7 15 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 49 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MeidasTouch			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		▼ Memo	Item Date of Public Distribution/Dissemination
Meiselas, Brétt, , ,			04 / 22 / 2020
Mailing Address 11140 Sylvan St			Amount
City	State	Zip Code	24.00
North Hollywood	CA	91606-3714	Transaction ID : 500000026
Purpose of Expenditure Online Video		Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	529.00	Disbursement For: Primary General Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)
Full Name of Payee		★ Memo	
Meiselas, Brett, , ,		Me interne	M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St			04 22 2020
Title Syvan St			Amount
City	State	Zip Code	4.00
North Hollywood	CA	91606-3714	Transaction ID : 500000031 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	President Senate State: US
Calendar Year-To-Date		529.00	Disbursement For: Primary General
Per Election for Office Sought	7	329.00	2020
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1 -	M=M / D=D / Y=Y=Y=Y
Signature		Date	9 07 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Am	ount
City	State	Zip Code		3.00
North Hollywood	CA	91606-3714		ansaction ID : 500000027 te of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Pre	
Calendar Year-To-Date			Disbursen	
Per Election for Office Sought	7	529.00	2020	Other (specify) ▶
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y
Mailing Address 44440 Sulvan St				04 22 2020
11140 Sylvan St			Am	ount
City	State	Zip Code	ΗГ	3.00
North Hollywood	CA	91606-3714		ansaction ID: 500000028 te of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Online Video		Type		
Name of Federal Candidate:		Support	Office So	ught: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Pre	sident Senate State: US
Calendar Year-To-Date		1 10000	Disbursen	nent For: Primary 🗶 General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
			'	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y
Signature	T	Date	e 07	15 2020

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
				C 00740073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 22 / 2020
Mailing Address 11140 Sylvan St			Amo	punt
City	State	Zip Code	-	1.00
North Hollywood	CA	91606-3714		nsaction ID : 500000029 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbursemo	
Full Name of Payer			u Dote	Other (specify) ▶e of Public Distribution/Dissemination
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item Date	M M / D D / Y Y Y Y
* Mailing Address				04 22 2020
11140 Sylvan St			Amo	punt
City	State	Zip Code	$ \Gamma$	4.00
North Hollywood	CA	91606-3714		nsaction ID: 50000030 e of Disbursement or Obligation
Purpose of Expenditure Online Video	1	Category/		M M / D D / Y Y Y Y
Offiline video		Type	_	
Name of Federal Candidate:		Support	Office Sou	ght: House District:00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date		529.00	Disbursemo	ent For: Primary Seneral
Per Election for Office Sought	7 7		2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y
Signature		Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	N M M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item [Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020 Amount
City	State	Zip Code		22.00
North Hollywood	CA	91606-3714		Fransaction ID : 500000032
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		▼ Oppose	l	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00		ement For: Primary General
rei Liection foi Office Sought	7 7	1 18.1	2020	Other (specify) ▶
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item [Date of Public Distribution/Dissemination
*				04 D 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			A	Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID : 500000033 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X P	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburs 2020	ement For: Primary Seneral
	7	A	L	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. г	0.00
(a) SOBTOTAL OF REITHZER INDEPENDENT EXPENDITURES				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 07	15 2020

PAGE 53 OF 65 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ MeidasTouch C00746073 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ✗ Memo Item Meiselas, Brett, , , 04 22 2020 Mailing Address 11140 Sylvan St Amount City State Zip Code 45.00 91606-3714 Transaction ID: 500000034 North Hollywood CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, Oppose US x President State: Senate Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item Meiselas, Brett, , , 2020 22 04 Mailing Address 11140 Sylvan St Amount 7.00 City State Zip Code Transaction ID: 500000035 North Hollywood CA 91606-3714 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Video Type Name of Federal Candidate: 00 Support Office Sought: House District: TRUMP, DONALD, J.,, US X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Meiselas, Brett, Meiselas, , [Electronically Filed] 15 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 22 / 2020
Mailing Address 11140 Sylvan St			Amo	punt
City	State	Zip Code	-	4.00
North Hollywood	CA	91606-3714		nsaction ID : 500000036 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburseme	
	1		ı. Dete	Other (specify)
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item Date	e of Public Distribution/Dissemination
* Mailing Address				04 22 2020
11140 Sylvan St			Amo	punt
City	State	Zip Code	$ \Gamma$	16.00
North Hollywood	CA	91606-3714		nsaction ID: 50000037 e of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Online Video		Type	_	
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	020.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y
Signature		Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item D	Pate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St			A	04 22 2020 mount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		ransaction ID : 50000038
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office S	cought: House District:00
TRUMP, DONALD, J., ,		Coppose Oppose		resident Senate State: US
Calendar Year-To-Date				ement For: Primary Seneral
Per Election for Office Sought	7	529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	Item D	Pate of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020
11116 Synair St			A	mount
City	State	Zip Code		23.00
North Hollywood	CA	91606-3714		Fransaction ID: 500000039 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/		M = M / D = D / Y = Y = Y
Offiline video		Type		
Name of Federal Candidate:		Support	Office S	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X PI	resident Senate State: US
Calendar Year-To-Date		529.00		ement For: Primary K General
Per Election for Office Sought	7 7	023.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • L	0.00
(I) OUDTOTAL of Unitersity of Index and on Engage			Г	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y
Signature	ъсыопишну Г н	_ Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
				0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / Y 2020
Mailing Address 11140 Sylvan St				Amount
		T 0 1		
City	State	Zip Code		2.00 Transaction ID : 500000040
North Hollywood	CA	91606-3714		Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		X Oppose	x	President Senate State: US
Calendar Year-To-Date		500.00		rsement For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y 2020
Mailing Address 11140 Sylvan St				
·				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID: 500000041 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/		M M / D D / Y Y Y Y
Crimic video		Type		
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	x	President Senate State: US
Calendar Year-To-Date		529.00		rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	020.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$. •	0.00
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	M =	M / D D / Y Y Y Y
Signature		Date	e 07	7 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y Y
Full Name of Days		X Memo	140.00	Date of Public Distribution/Dissemination
Full Name of Payee Meiselas, Brett, , , *		▲ Iviemo	item i	04 22 2020
Mailing Address 11140 Sylvan St			,	Amount
City	State	Zip Code		25.00
North Hollywood	CA	91606-3714		Transaction ID : 500000042 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X F	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburs	ement For: Primary General
Full Name of Payee		₩ Mama	Itom I	Other (specify) Date of Public Distribution/Dissemination
Meiselas, Brett, , ,		★ Memo	item	M M / D D / Y Y Y Y
* Mailing Address				04 22 2020
11140 Sylvan St			,	Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID : 500000043 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	529.00	Disburs 2020	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	edl -	M	/ / D D / Y Y Y Y Y
Signature		Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
				0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				Amount
	T a	T 0 1		
City	State	Zip Code		4.00 Transaction ID : 500000044
North Hollywood	CA	91606-3714		Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		× Oppose	×	President Senate State: US
Calendar Year-To-Date		500.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				
·				Amount
City	State	Zip Code		25.00
North Hollywood	CA	91606-3714		Transaction ID: 500000045 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/		M M / D D / Y Y Y Y
Crimic video		Type		
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date		529.00	1	sement For: Primary General
Per Election for Office Sought	7 7	02000	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	0.00
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res			7 7 7
(c) TOTAL Independent Expenditures				
			,	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature		Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amo	punt
City	State	Zip Code	— F	3.00
North Hollywood	CA	91606-3714		nsaction ID : 500000046 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbursem 2020	
			. 5.4	Other (specify)
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item Date	e of Public Distribution/Dissemination
*				04 / 22 / 2020
Mailing Address 11140 Sylvan St			Amo	punt
City	State	Zip Code	$ \Gamma$	2.00
North Hollywood	CA	91606-3714		nsaction ID : 500000047 e of Disbursement or Obligation
Purpose of Expenditure		Category/	Date	M M / D D / Y Y Y Y
Online Video		Type	_ _	
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date		529.00	Disbursem	ent For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7	323.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	(Electronically Fil	led1	M = M	/ D D / Y T Y T Y
Signature	<u> - гесионісану F н</u>	Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020 Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID : 500000048
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		X Oppose		President Senate State: US
Colordon Vena To Data		A shires		sement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	7	529.00	2020	Other (specify)
Full Name of Payee		✗ Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020
, , , , , o cy, , a.i. ex				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID : 500000049 Date of Disbursement or Obligation
Purpose of Expenditure Online Video	1	Category/		M M / D D / Y Y Y Y
Offiline video		Type		
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date		500.00	Disbur	sement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-5-	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature	zacaonwany P ll	Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			A	
			Amo	ount
City	State	Zip Code		16.00
North Hollywood	CA	91606-3714		nsaction ID: 500000050 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/		M M / D D / Y Y Y Y Y
		Type	_	
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date		500.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020
11140 Gyivan Gt			Amo	punt
City	State	Zip Code		27.00
North Hollywood	CA	91606-3714		nsaction ID : 500000051 e of Disbursement or Obligation
Purpose of Expenditure	1	Category/	Date	M M / D D / Y Y Y Y
Online Video		Type	_ _	
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X Pres	ident Senate State: US
Calendar Year-To-Date		1 10000	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
			'	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	(Fl 11 E)		M = M	/ D D / Y Y Y Y
Signature	Electronically Fil	ed] Date	9 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	Now ron	ort Amends repo	ort filod	M M / D D / Y Y Y Y
Z4-Hour report 46-Hour report	New repo	on Americas repo	on mea	J11
Full Name of Payee Meiselas, Brett, , ,		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St				04 22 2020 Amount
City	State	Zip Code		12.00
North Hollywood	CA	91606-3714		Transaction ID : 500000052
Purpose of Expenditure Online Video		Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		▼ Oppose	l	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbu	rsement For: Primary Seneral
	1 1		.	Other (specify)
Full Name of Payee Meiselas, Brett, , , *		✗ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Transaction ID : 500000054 Date of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:00
TRUMP, DONALD, J., ,		x Oppose	x	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 7	529.00	Disbu 2020	rsement For: Primary General Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
42015554				
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Meiselas, Brett, Meiselas, ,	Electronically Fil	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MeidasTouch				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		▼ Memo	Item D	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,		•		05 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			A	mount
City	State	Zip Code		15.00
North Hollywood	CA	91606-3714		ransaction ID : 500000072 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
TRUMP, DONALD, J., ,		x Oppose		esident Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	529.00	Disburse	ement For: Primary X General Other (specify) ▶
Full Name of Payee		∡ Memo	Item D	ate of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				04 22 2020
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A	mount
City	State	Zip Code		4.00
North Hollywood	CA	91606-3714		Fransaction ID: 500000055 ate of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y W W W W
Name of Federal Candidate:			045 0	ought: House District: 00
TRUMP, DONALD, J., ,		Support Oppose	Office Se	ought: House District: US esident Senate State: US
Calendar Year-To-Date				ement For: Primary Seneral
Per Election for Office Sought	7 7	529.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·			0.00
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(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		· · · · · · · · · · · · · · · · · · ·
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Signature		Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 64 OF 65
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / 22 / 2020
Mailing Address 11140 Sylvan St			Amo	punt
City	State	Zip Code	— г	2.00
North Hollywood	CA	91606-3714		nsaction ID : 500000056 e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type	Date	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Coppose	× Pres	
Calendar Year-To-Date		500.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	Item Date	e of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St			Amo	Lunt
			Amo	
City	State	Zip Code	Tro	16.00 nsaction ID : 500000057
North Hollywood	CA	91606-3714		e of Disbursement or Obligation
Purpose of Expenditure Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
TRUMP, DONALD, J., ,		Coppose Support		ident Senate State: US
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	7-1-1-7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· ▶	0.00
(h) SUPTOTAL of Uniterpired Independent Expanditure	***		. 🖂	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
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Signature	, 2000 опишну I [,] И	_ Date	e 07	15 2020

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NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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				S state to the
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item	Date of Public Distribution/Dissemination
Meiselas, Brett, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 Sylvan St				Amount
O'h	04-4-	75-0-1-		
City North Hollywood	State	Zip Code 91606-3714		8.00 Transaction ID : 500000058
Purpose of Expenditure	L CA	31000 3714		Date of Disbursement or Obligation
Online Video		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		Oppose	×	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbur	sement For: Primary General
	7 7			Other (specify) ▶
Full Name of Payee Meiselas, Brett, , ,		★ Memo	Item	Date of Public Distribution/Dissemination
*				05 31 2020
Mailing Address 11140 Sylvan St				Amount
City	State	Zip Code		2.00
North Hollywood	CA	91606-3714		Transaction ID : 500000073
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
Online Video		Type	4	
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TRUMP, DONALD, J., ,		x Oppose	X	President Senate State: US
Calendar Year-To-Date		529.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	525.5	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. 🕨	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(b) 00210 M2 or ormanized mappendant Exportant				
(c) TOTAL Independent Expenditures			• •	0.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
Meiselas, Brett, Meiselas, ,	[Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature	при применти при применения приме	_ Date	e 07	15 2020